



INDIVIDUAL RESPONSIBILITY PLAN (IRP)

**UNPAID WORK:
UNSTRUCTURED COMMUNITY SERVICE (XS)**

I will participate in community service activities with the provider listed below at the location listed below for the time period listed below. I will attend all scheduled activities, complete all required assignments and participate to the best of my ability. If I cannot attend required appointments or activities, I will call the number listed below on or before the same day and explain why I cannot come in. I understand that if I do not call in on the same day, it will be considered an unexcused absence and may result in sanction. I have adequate child care and transportation has been addressed, and these are not an issue. My case manager and I will review this IRP again on the date shown below.

I will participate ☐ Full-time ☐ 3/4 time ☐ Half-time ☐ Quarter time

Provider: _____

Address: _____

Begin and end date of services: _____

Contact name: _____

Phone number: _____

Date of next IRP review: _____